INDIANA
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NEWSLETTER

Indiana State Department of Health

Epidemiology Resource Center
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Dr. Robert Lindner Named ISDH Laboratory Director

Mark Glazier, Microbiologist
ISDH Bioterrorism Laboratory

In September 2004, Dr. Robert Lindner became the Medical Laboratory Director for the Indiana State Department of Health (ISDH) Laboratories. A long time resident of the Chicago area, Dr. Lindner has nearly 20 years of experience in public health, as well as many years of experience in clinical pathology.

Dr. Lindner graduated from the University of Michigan in 1967 with a B.S. in biophysics. He received an M.S. in molecular biology and a Ph.D. in biochemistry from Northwestern University. Dr. Lindner attended medical school at the University of Minnesota, receiving his M.D. in 1978. He completed an internship in internal medicine and a residency in pathology at Evanston Hospital in Evanston, Illinois.

Prior to joining the ISDH, Dr. Lindner served as the Deputy Director of the New York City Public Health Laboratories. Before going to New York, he was the Director and Chief of Cytology at the Chicago Laboratory of the Illinois Department of Health for more than 10 years. Dr. Lindner has also served as the Director of the Minnesota Department of Health Laboratories. He is a fellow of the College of American Pathologists and a member of the American Board of Pathology. Dr. Lindner is also a member of the editorial board for *The Ambulatory Medicine Letter*.

As the Medical Laboratory Director, Dr. Lindner is responsible for the overall leadership and direction of the ISDH Laboratories, as well as compliance with the federal Clinical Laboratory Improvement Amendment (CLIA). David Nauth remains the Administrative Laboratory Director. Although Dr. Lindner is still familiarizing himself with the ISDH Laboratories, he has begun to set some future goals for the labs. One short-term goal is the implementation of a Laboratory Information Management System (LIMS). A long-term goal is the development of a more thorough quality assurance program. Dr. Lindner believes the greatest challenge facing the laboratories in the near future will be making a smooth transition into the new building, scheduled for completion in the fall of 2006. His vision for the laboratories is to provide the highest quality of laboratory service to the citizens of Indiana.

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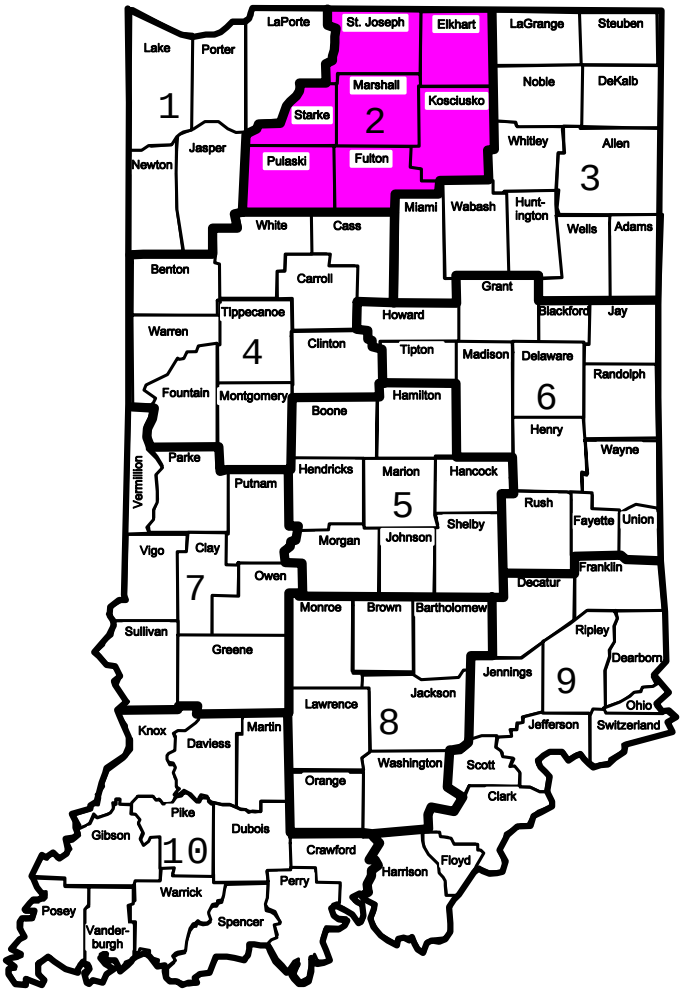
News From the Field…..

Public Health Preparedness Districts



Investigation of White Powder Incident

Thomas Duszynski
ISDH Field Epidemiologist

During the fall of 2001, there were many reported incidents of suspicious, powdery substances found in various locations across the nation. State agencies and law enforcement officials in Indiana also received such calls. Since then, the number of reported incidents has dramatically decreased. However, in the fall of 2004, a northern Indiana county responded once again to such a call.

A postal worker on his regular route opened a business mailbox and placed mail in the box when he noticed a powdery substance in the bottom of the box that became airborne when the box was opened. The postal worker entered the business, explained what had happened, and asked to wash his hands. An employee went to the mailbox and opened it as well. The postal worker notified his supervisor and then continued on his regular route.

The business employee notified the local police and fire departments, which in turn, through trainings and local efforts to establish contacts, notified the local health department (LHD) and the field epidemiologist from the Indiana State Department of Health (ISDH). The police and fire departments already had secured the scene and identified those exposed. The LHD and the ISDH field epidemiologist recommended that the postal worker be located, discontinue his route, and receive decontamination since the substance could not be readily identified. The route and possible exposure points from the business to the postal employee's location were carefully noted in the event that further action would be needed.

It was decided that decontamination would take place at a local hospital. The hospital infection control person was notified of the incident and quietly assembled a team to address the situation. Since the agent was unknown, hospital personnel requested that the postal worker remain in the postal vehicle, and the hospital team would come to transport him. The business employee who opened the mailbox after the postal worker also reported to the hospital for decontamination. Since the initial diagnosis was possible exposure to anthrax, decontamination consisted simply of a soap and water shower. Clothes and personal belongings of those exposed were bagged and secured in the hospital in the event that further cleaning would be required based on identification of the substance.

The fire department double bagged the mailbox and removed it from the building. The police department closed the office building, since the extent of the contaminant could not be determined. The police department also secured the vehicles of those that went to the hospital. The fire department, using mutual aid agreements, took the mailbox and powder samples to a neighboring county for testing. The powder did not exactly match any specific substance within the testing parameters, including anthrax or other biological agents. When test results indicated the substance was not likely a biological agent, the LHD, in concurrence with hospital and police department, agreed to release those exposed and their property without additional treatment.

The police and fire departments established contacts throughout the evening with the local and state health departments to continue working on the situation. The local and state health departments held several meetings via conference phone with the police, fire, hospital, and the Federal Bureau of Investigation (FBI) in an effort to resolve the situation as quickly as possible. The FBI was ready to respond if the situation was deemed a "credible threat" by local law enforcement.

Since the business had been the target of vandalism and mischief prior to this incident, the local police department deemed this situation to be a "credible threat" and decided to submit a sample of the material to the ISDH Laboratories for confirmation that it was not a biological agent. There was some uncertainty on how the sample was to be transported from the county to the state lab, including maintaining the chain of custody due to the ongoing criminal investigation. Eventually, the sample was received at the state lab. The laboratory quickly determined that it was not a biological agent. The United States Postal Service, based on the information provided by the state lab, was able to take the sample for identification. This case is still an open investigation by the local police department.

Communication is routinely identified as a major obstacle when responding to any event or emergency. In this scenario, however, communications were handled with ease by keeping established contacts in place based on relationships. LHD communicable disease personnel maintained contact with the hospital and environmental health, and the LHD environmental health personnel maintained contact with the FBI and police and fire departments. This worked well in this incident since there were previous contacts with these agencies, and those relationships helped with open communications. Once the substance was determined to be unlikely a biological agent based on initial testing, the only agencies that remained in contact directly were the LHD, ISDH, and local police department.

Training Room

Indiana State Department of Health
Immunization Program Presents:
"Child and Adolescent Immunizations from A to Z"

The ISDH Immunization Program and Health Educators are offering this free, one-day educational course on all aspects of immunization practices. Topics include:

- Principles of Vaccination
  - Overview of the immune system
  - Classification of vaccines
- An Overview of Vaccine-Preventable Diseases
- General Recommendations on Immunization
  - Timing and spacing
  - Contraindications and precautions to vaccination
- Safe and Effective Vaccine Administration
  - Prior to administration
  - Administration
  - Documentation and reminder/recall
  - Adverse Events
- Safe Vaccine Storage and Handling
- Indiana Requirements
  - Schools
  - Daycare/Head Start
  - Exemptions
- Tools to Read Immunization Records
- Vaccine Misconceptions
  - MMR and autism
  - Thimerosal and mercury
  - Overloading the immune system
  - Influenza vaccine
- Reliable Resources

This course is designed for all immunization providers and staff. Presentation of this course takes six hours or can be customized to provide the components needed for your office or clinic staff. A training manual and certificate of attendance are provided to all attendees.

Courses are held throughout Indiana about four times per month (see schedule next page). All persons involved in immunizations are encouraged to attend a course in their area. Registration is required. To attend or schedule/host a course in your area, or for more information on "Child and Adolescent Immunizations from A to Z" and other immunization education opportunities, please contact Beverly Sheets by calling (317) 501-5722 or e-mail hepbbev@aol.com.

CALENDAR 2005 "IMMUNIZATIONS FROM A TO Z"

Feb. 11, 2005 – Kendallville Library, 9:30 am – 12:30 pm

Feb. 15, 2005 – Batesville, Margaret Mary Community Hospital, 9:00 – 3:00 pm

Feb. 25, 2005 - Hamilton County Fair Grounds, 8:00 am – 3:00 pm

DON'T FORGET:

THE NATIONAL IMMUNIZATION CONFERENCE
WASHINGTON, DC
MARCH 21-25

April 13, 2005 – IUMG, 8:00 am – 12:00 pm

May 4, 2005 - Anderson, Madison County Health Department 9-365 (Time TBA)

May 2005 PENDING – LaPorte County

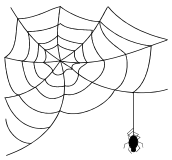
NOTE: There is NO CHARGE for any of these events.

YOU MUST REGISTER for these events. Training materials are provided.

Contact Beverly Sheets at 317-501-5722 or hepbbev@aol.com for further information and to schedule "Immunizations From A –Z" and other immunization events in your area.

Mark your calendars NOW!

Indiana Immunization Fall Awards Conferences Sunday, October 2, 2005.
"Reception With Speakers" - Monday, October 3, 2005. (Conference site to be announced.)



Wonderful Wide Web Sites

ISDH Data Reports Available

The ISDH Epidemiology Resource Center has the following data reports and the Indiana Epidemiology Newsletter available on the ISDH Web Page:

http://www.in.gov/isdh/dataandstats/data_and_statistics.htm

Indiana Cancer Incidence Report
(1990, 95, 96, 97, 98, 99, 2000)

Indiana Cancer Mortality Report
(1990-94, 1992-96, 99, 2000)

Indiana Health Behavior Risk Factors
(1999, 2000, 2001, 2002)

Indiana Health Behavior Risk Factors (BRFSS) Newsletter (9/2003, 10/2003, 6/2004, 9/2004)

Indiana Hospital Consumer Guide
(1996)

Public, Hospital Discharge Data
(1999, 2000, 2001, 2002)

Indiana Mortality Report
(1999, 2000, 2001, 2002)

Indiana Natality Report
(1998, 99, 2000, 2001, 2002)

Indiana Induced Termination of Pregnancy Report
(1998, 99, 2000, 2001)

Indiana Marriage Report
(1995, 97, 98, 99, 2000)

Indiana Infectious Disease Report
(1997, 98, 99, 2000, 2001)

Indiana Maternal & Child Health Outcomes & Performance Measures
(1990-99, 1991-2000, 1992-2001)

HIV Disease Summary

Information as of December 31, 2004 (based on 2000 population of 6,080,485)

HIV - without AIDS to date:

348	New HIV cases from December 2003 thru November 2004	12-month incidence	5.72 cases/100,000
3,625	Total HIV-positive, alive and without AIDS on November 30, 2004	Point prevalence	59.62 cases/100,000

AIDS cases to date:

352	New AIDS cases from December 2003 thru November 20044	12-month incidence	5.79 cases/100,000
3,623	Total AIDS cases, alive on November 30, 2004	Point prevalence	59.59 cases/100,000
7,465	Total AIDS cases, cumulative (alive and dead)		

REPORTED CASES of selected notifiable diseases

Disease	Cases Reported in December *MMWR* Week 49-52		Cumulative Cases Reported January - December *MMWR* Weeks 1-52	
	2003	2004	2003	2004
Campylobacteriosis	104	37	554	419
Chlamydia	1,187	1,278	16,830	18,429
E. coli O157:H7	9	4	91	52
Hepatitis A	11	2	73	58
Hepatitis B	37	6	71	48
Invasive Drug Resistant *S. pneumoniae* (DRSP)	48	28	189	170
Invasive pneumococcal (less than 5 years of age)	17	10	63	44
Gonorrhea	472	510	6,598	6,850
Legionellosis	5	2	34	45
Lyme Disease	4	1	25	24
Meningococcal, invasive	9	5	49	25
Pertussis	38	80	104	324
Rocky Mountain Spotted Fever	0	0	2	6
Salmonellosis	66	28	587	492
Shigellosis	30	31	201	235
Syphilis (Primary and Secondary)	6	4	50	58
Tuberculosis	18	10	143	127
Animal Rabies	5 (bats)	2 (bats)	32 (bats)	12 (11bats and 1 skunk)

Note: Case totals for 2004 are preliminary and will change as cases with onsets in 2004, which are still being investigated, are completed and returned to the ISDH.

For information on reporting of communicable diseases in Indiana, call the *ISDH Epidemiology Resource Center* at (317) 233-7665.

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The *Indiana Epidemiology Newsletter* is published by the Indiana State Department of Health to provide epidemiologic information to Indiana health professionals and to the public health community.